

HONPA HONGWANJI MISSION OF HAWAII

APPLICATION FORM AFFIRMATION RITES CEREMONY

INFORMATION OF THE APPLICANTS

NAME: (Last) (First) (Middle)	GENDER: M / F
BIRTH DATE:	AGE:
HOME ADDRESS:	
PHONE NUMBER: (Home) (Cell Phone)	
SIGNATURE OF THE APPLICANTS:	
TEMPLE:	
SIGNATURE OF RESIDENT MINISTER:	

INFORMATION OF THE PARENT/GUARDIAN (IF THE RECIPIENT IS UNDER 20 YEARS OLD)

NAME OF PARENT OR GUARDIAN:
HOME ADDRESS:
PHONE NUMBER: (Home) (Cell Phone)
RELATIONSHIP:
SIGNATURE: (Date)

Please submit or mail this form to Lihue Hongwanji Mission with your application fee (\$50.00 payable to Kauai Hongwanji Council) by October 25, 2014.

Lihue Hongwanji Mission
P. O. Box 1248, Lihue, HI 96766
Attn: Rev. Kazunori Takahashi